

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068811

FILED  
May 17, 2007  
Secretary of State

**Entity Name:** CATAWBA HOLDINGS, LTD COMPANY

**Current Principal Place of Business:**

428 CHILDERS ST  
PMB 8239  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2428  
PMB 8239  
PENSACOLA, FL 32513 US

**New Mailing Address:**

FEI Number: 20-3135655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JONES, KENNETH R  
428 CHILDERS ST  
PMB 8239  
PENSACOLA, FL 32534 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, KENNETH R  
Address: 428 CHILDERS ST - PMB 8239  
City-St-Zip: PENSACOLA, FL 32534 US

Title: MGR (X) Delete  
Name: JAWORSKI, JANET M ESQ  
Address: 310 DE FOREST RD  
City-St-Zip: SYRACUSE, NY 13214 UA

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH R JONES

MGRM

05/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date